

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/568 331

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		3					54						
5		/		/			55						
6		0		/			56						
7		0		/			57						
8		0		/			58						
9		0		/			59						
10		0		/			60						
11		0		/			61						
12		0		/			62						
13		0		/			63						
14		0		/			64						
15	/		/				65						
16		/		/			66						
17		2		/			67						
18		0		/			68						
19		0		/			69						
20		0		/			70						
21		0		/			71						
22		0		/			72						
23		0		/			73						
24		0		/			74						
25		0		/			75						
26		0		/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	46	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			48				TOTAL CLAIMS						

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